

PATHWAYS HEALTH CENTRE FOR CHILDREN		GOVERNANCE MANUAL	POLICY
Category:	GOVERNANCE PROCESS		No.: II.13
Effective:	2010 03 30	Reviewed:	
Revised:	2014 11 06		
Title:	BOARD OF DIRECTORS APPLICATION FORM		

APPENDIX H

Board of Directors Application Form

I provide the following information with respect to my application for membership on the Board. I will provide an up-to-date résumé.

Name:			
Address:	Business:		
	Home:		
Telephone:	Business:		Home:
Fax:	Business:		Home:
Email(s):			
Please list current or prior Board experience:			
Which areas of Board work are of particular interest to you?			
What skills/areas of expertise can you bring to the Board?			
Please describe your background and experience as it relates to the affairs and operation of the corporation:			
Conflict of Interest a. Please declare if you are you related to any employee of the organization, either as part of their immediate family (mother, father, child, spouse, common-law or same sex partner, sister, brother) or through any other significant relationship. b. Please declare if you or your immediate family/other significant relationship, as specified above, conducts business with or benefits financially from a contract with Pathways.			

Signature

Date